

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF THE ESTATE OF

☐ Amended**Application for
Informal
Administration**

Case No. _____

UNDER OATH, I STATE THAT:

1. The decedent, whose date of birth was _____, and date of death was _____, died domiciled in _____ County, State of _____, with a post office address of: _____.

2. I am interested as _____.

3. Other proceedings concerning the estate of the decedent ☐ are ☐ are not pending in this state or elsewhere.

Explain: _____.

4. The estimated gross value of decedent's property requiring administration is \$_____.

5. The decedent:

- ☐ did ☐ did not receive Medical Assistance/Medicaid.
☐ did ☐ did not receive Family Care and/or Partnership benefits (through a Managed Care Organization – MCO/CMO).
☐ did ☐ did not receive benefits from the Community Options Program (COP).
☐ did ☐ did not receive benefits from Wisconsin Chronic Disease Program.
☐ was ☐ was not a patient or inmate of a state or county hospital or institution, or responsible for any person owing an obligation to the state or county.

Explain: _____.

6. If the decedent was ever married, complete the following: ☐ If more than one spouse, **see attached**.

Name of spouse (☐ living or ☐ deceased): _____.

☐ Married to decedent ☐ Divorced from decedent at time of decedent's death.

The spouse ☐ did ☐ did not receive benefits from the Community Options Program (COP).

The spouse ☐ did ☐ did not receive benefits from the Wisconsin Chronic Disease Program.

(Complete section 7 or 8 below, whichever is applicable.)

☐ 7. The decedent died leaving a:

☐ will, dated _____ ☐ codicil(s), dated _____.

I believe these documents to have been executed properly and to be valid and have made diligent inquiry and am unaware of any subsequent revocation.

The original will, including codicil(s), if any:

☐ is in the possession of the court. ☐ accompanies this application.

☐ was probated elsewhere and an authenticated copy accompanies this application.

The personal representative(s) named by the decedent is:

Name: _____

Post office address: _____

The trustee(s) named by the decedent is:

Name: _____

Post office address: _____

- ☐ 8. I have made diligent inquiry and am unaware of any unrevoked will of the decedent and believe that the decedent died leaving no will.

9. The names and addresses of all interested persons are:

(Must include any minor(s) with date of birth, incompetent(s) and name of guardian(s) of estate, and any person(s) in the military)

| <u>Name</u> | <u>Relationship</u> | <u>Address</u> | <u>D. O. B. if Minor</u> |
|-------------|---------------------|----------------|--------------------------|
|-------------|---------------------|----------------|--------------------------|

I REQUEST THAT:

- ☐ 1. The will, including codicil(s), be admitted to informal administration.

2. A statement of informal administration be issued.

3. Domiciliary Letters be issued to _____

- ☐ 4. Letters of Trust be issued to _____
for the following trust _____

Letters of Trust be issued to _____
for the following trust: _____

Subscribed and sworn to before me

on _____

Notary Public/Court Official

My commission expires: _____

Signature of Applicant

Name Printed or Typed

Address

Name of Attorney

Address

Telephone

Bar Number

DENIAL OF APPLICATION: (Signature of Probate Registrar only required if application is denied.)

- ☐ The application for informal administration has been reviewed and is denied.

The denial of an application is not an adjudication and does not preclude proceeding formally.

Probate Registrar

Name Printed or Typed

Date